

1. CIR./DIST./DIV. CODE FLM	2. PERSON REPRESENTED Ballut, Ghassan Zayed	VOUCHER NUMBER TPA 2103-286-04	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 8:03-000077-007	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) USA v Al-Arian, et al	8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1962-3300.F -- RICO - INTERSTATE COMMERCE			

12. ATTORNEY'S STATEMENT

As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:

- ☐ Authorization to obtain the service. Estimated Compensation: \$ _____ OR
☒ Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation (Note: Prior authorization should be obtained for services in excess of \$300)

Signature of Attorney

Bruce Howie

12/10/03
Date☒ Panel Attorney ☐ Retained Atty ☐ Pro-Se ☐ Legal Organization

Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address.

Bruce G. Howie

5720 - CENTRAL AVE.
St. Petersburg, FL 33707

Telephone Number:

727-344-1111

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)

Paralegal Services

14. TYPE OF SERVICE PROVIDER

- | | |
|--|--|
| 01 <input type="checkbox"/> Investigator | 20 <input type="checkbox"/> Legal Analyst/Consultant |
| 02 <input type="checkbox"/> Interpreter/Translator | 21 <input type="checkbox"/> Jury Consultant |
| 03 <input type="checkbox"/> Psychologist | 22 <input type="checkbox"/> Other (specify) |
| 04 <input type="checkbox"/> Psychiatrist | 23 <input type="checkbox"/> Other (specify) |
| 05 <input type="checkbox"/> Polygraph Examiner | 24 <input type="checkbox"/> Other (specify) |
| 06 <input type="checkbox"/> Documents Examiner | |
| 07 <input type="checkbox"/> Fingerprint Analyst | |
| 08 <input type="checkbox"/> Accountant | |
| 09 <input type="checkbox"/> CALR (Western/Low etc) | |
| 10 <input type="checkbox"/> Chemist/Toxicologist | |
| 11 <input type="checkbox"/> Ballistics Expert | |
| 12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert | |
| 13 <input type="checkbox"/> Pathologist/Medical Examiner | |
| 14 <input type="checkbox"/> Other Medical Expert | |
| 15 <input type="checkbox"/> Voice/Audio Analyst | |
| 16 <input type="checkbox"/> Hair/Fiber Expert | |
| 17 <input type="checkbox"/> Computer (Hardware/Software/Systems) | |
| 18 <input type="checkbox"/> Paralegal Services | |

CJA PAYMENT RECORD

DATE BY

ENTERED 12-18-03

CERTIFIED 12-31-03

1-6-04

15. Court Order

Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted

by order (#207) by jsm jo

Signature of Presiding Judicial Officer or By Order of the Court

7-2-3

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of authorization.

☐ YES ☐ NO

16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a Compensation	28.30 25 707.50	x 2/3 =	472.00
b Travel Expenses (lodging, parking, meals, mileage, etc)	52.36	✓	52.36
c Other Expenses	60.00		60.00
GRAND TOTAL CLAIMED AND ADJUSTED	819.86		584.36

17. PAYEE'S NAME (First Name, M I, Last Name, including any suffix) and MAILING ADDRESS

Brooke V. ENington
1743 Audrey Dr.
Clearwater, FL 33759

TIN: on file

Telephone Number: 727-723-1749

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM 11/6/03 TO 12/8/03

CLAIM STATUS

☐ Final☒ Interim Payment Number☐ Supplemental Payment

I hereby certify that the above claims are for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services

Signature of Claimant/Payee

Date: 12/6/03

18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case

Signature of Attorney

Date

19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOT. AMT APPROVED/CERTIFIED
707.50	52.36	60.00	819.86
23. <input checked="" type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$300, or prior authorization was obtained			
<input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$300			
Signature of Presiding Judicial Officer	22 Dec 03	3A30	584.36
24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED

28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3)

Signature of Chief Judge, Court of Appeals (or Delegate)

Date

Judge Code

FILE COPY 4/2